

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CIV-DIMITROULEAS

ProSe; Ross Jay Lawson)
(Plaintiff))

00-6009

Case No. _____
(To be assigned at time of filing)

vs. Sheriff Ken Jenne of Broward County
(Defendant(s)))

William Hitchcock (Superintendent BCMJ))

Patrick Tighe (Director BCMJ))

Broward County Department of Corrections)

42 USC 1983
Civil Action
or Suit
(Title of document)

I, Ross Jay Lawson plaintiff, in the above-styled cause, sues
defendant(s); Ken Jenne, William Hitchcock, Patrick Tighe, Broward County Dept of Corrections.

(Allegation of jurisdiction, i.e., under which federal law or section of the U.S. Constitution
this action is being filed)

This action is filed under: 42 U.S.C. 1983 (Prisoners Rights)

This suit is brought to the Southern District of Florida.

This court has jurisdiction because I am a pre-trial
detainee. Plaintiff's First, Fifth, and Fourteenth Amendments
are being violated. These violations of the Plaintiffs
rights are due to the total ban on all publications.
Broward County Main Jail and its Administration (defendants
listed) Along with the Sheriff of Broward County Ken
Jenne have knowingly and willfully violated the Plaintiffs rights.

APPENDIX B

(1)
(Statement of facts)

Plaintiff has been a pretrial detainee at the Broward County Main Jail since 7/17/97. In Oct. of 1997 a book was sent to the Plaintiff through the mail and was denied and returned to sender. On 10/28/97 Plaintiff requested approval for books, magazines, and a correspondence-course to be sent to him through the mail or any other way suggested. Plaintiff got a response denying him and stating all the above are not allowed. On 11/5/97 Plaintiff filed a Informal Grievance to the superintendent explaining the total ban on publications is unconstitutional and to please change it. Plaintiff's Informal Grievance was denied. On 11/20/97 a grievance was filed by the Plaintiff appealing the denial of the Informal Grievance filed on 11/5/97. No response was ever given. On 11/17/98 the plaintiff requested to have religious books and material sent to him by the publisher at his own cost. Plaintiff received a response from the Chaplain's office explaining to him the Jail does not allow this and that they can't change the procedure. Also on 11/17/98 the Plaintiff filed a request to Superintendent Hitchcock asking to get book, reading books, religious books, ect... sent to him by the publisher at his own cost so he could

(2)

29

(Statement of facts)

better himself, and change his life for the better. Plaintiff received a response stating Books, magazines and newspapers are not permitted by this facility. And another copy of Plaintiff's request was sent to commissary and property. On 11/20/98 Plaintiff again requested and asked for the procedure to get books, religious books, magazines, ect. Plaintiff again received a response that all were unauthorized. On 11/20/98 Plaintiff requested same to Chaplins office, the Chaplin forwarded Plaintiff's request to the Superintendent Hitchcock. Mr. Hitchcocks responded with a Inter Office Memorandum, that memo states S.O.P. 5.4.1 which governs inmate Publications that 5.4.1 of the S.O.P. which is still in effect since 10/1/96 states a total and complete ban on all publications to inmates through the mail. On 11/25/98 Plaintiff requested to Superintendent Hitchcock if he could please get religious material because he is Jewish and the jail does not provide for this. Plaintiff never received a response. On 12/15/98 Plaintiff grieved that he never received a response. Plaintiff got no response to his grievance. This Plaintiff continued to request

(3)

(Statement of facts)

and grieve this issue, all to no avail. Many not even answered until all responses finally stopped all together.

This continued until 10/29/99. Also on 9/10/99 Plaintiff got a catalog in the mail but never got it instead only got a Rejected mail Notification slip saying the catalog was UA catalog. And again on 10-29 UA EMail.

This total ban on all publications of any kind is a violation of my (First) and (Fourteenth) and possibly the (Fifth amendments). It should also be noted the Plaintiff falls under the Due Process Clause guaranteed to him by the constitution, for the Plaintiff has not been convicted of his pending charges and is still awaiting trial. Also it should be noted in this suit that the Plaintiff sued the Broward County Sheriff Ken Jenne in small ^(for property) claims, in which the Sheriff's people settled into a settlement with the Plaintiff, on 8/12/99.

Since that time the Plaintiff has been denied some access to the law library. On 10/5/99 the plaintiff was moved to a high custody cell and has been denied total access to the law library and also because of this Denial of access to the courts as well. Then on

(4)

(Statement of facts)

11/11/99 Plaintiff handed legal work grievances and other documents to be copied by Dept Wilcox. The Plaintiff's legal material was never returned until 11/23/99. Only after Plaintiff's family got involved. And it was later discovered that all had been read and some taken and not returned. Thus this suit was filed. It should be noted the basis for this claim is the total ban on all publications by the B.C.M.J. And the Plaintiff requests this court to understand he is being denied all and total access to the Law Library and thus had to bring if you will this action the best he can!

Because of Plaintiff's total ban on publications and total denial of access to the law library Plaintiff request this court to understand in all fairness his position and his current ability to file this action.

Attached is copies of all request, grievances and all other paperwork.

(Relief request, i.e., State what you want the Court to do or award)

Wherefore, the Plaintiff requests the court to award a total sum
of \$150,000⁰⁰/One Hundred and Fifty thousand dollars. This to be paid
broken down in Compensatory, Punitive, and declaratory and of
course for the Defendants to pay some in there personal
capasities. All or which ever the court feels appropriate. Plus
and injuctive relief to lift the total bar on all publications. Plus all costs (court and filing)

Signed this 24 day of November, 19 99.

Ross Jay Lawson

(Signature of plaintiff)

(Address)

(Phone Number)

(Facsimile Number)

(Florida Bar Number)

Ross Jay Lawson FL97-9905
P.O. Box 9356
Ft Laud, Fla. 33310

LAWSON ROSS FL 979905
Print or type inmate's name (last name, first name) Arrest Number
6A3 10/97
Print or type inmate's location (Facility/Housing Area/Cell Number) Date

Correspondence addressed to you was received on 10/97 and did not comply with Department
Date

Corrections and Rehabilitation correspondence guidelines. Correspondence was rejected and:

☒ Returned to Sender

☐ Other: UA Book (NON-Religious)

BSO DJ#15 (New 7/95)

BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION

REJECTED MAIL NOTIFICATION

LAWSON, ROSS 57979905
Print or type inmate's name (last name, first name) Arrest Number
7C3 9/10/99
Print or type inmate's location (Facility/Housing Area/Cell Number) Date

Correspondence addressed to you was received on 9/10/99 and did not comply with Department
Date
Corrections and Rehabilitation correspondence guidelines. Correspondence was rejected and:

☐ Returned to Sender

☐ Other: UA catalog

BSO DJ#15 (New 7/95)

BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION

Det. Mellott

REJECTED MAIL NOTIFICATION

Lawson, Ross 57979905
Print or type inmate's name (last name, first name) Arrest Number
7B7 10.29
Print or type inmate's location (Facility/Housing Area/Cell Number) Date

Correspondence addressed to you was received on 10.29 and did not comply with Department o
Date
Corrections and Rehabilitation correspondence guidelines. Correspondence was rejected and:

☒ Returned to Sender

☐ Other: UA Email

BSO DJ#15 (New 7/95)

BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION

DEPARTMENT OF CORRECTIONS AND REFORMATORY
INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 10/28/97

Inmate's Name: Ross Lawson
(Alias, if used)

Request #: FL97-9905

Location: 6/A/3 DOB: 3/10/72

To:

Program Specialist ☐
Classification ☐

Mailroom ☐
Food Service ☐

Commissary ☐
Other ☒

Nature of Request: How can I get approval for books magazines or a correspondence course. I would like to have them sent to me in the mail at my cost from the publisher. Or any other way you will approve. I had one sent but it was denied and sent back!

Inmate's Signature: Ross Lawson

Date Signed: 10/28/97

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE REQUEST BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
ACTION TAKEN/RESPONSE

We do not allow books or magazines from the publisher or through the mail for that matter. It was denied for that reason.

Completed By: Williams COC: 11/97 Date: 11/97 Time:

All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information

☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Review.

DEPARTMENT OF CORRECTIONS AND REINTEGRATION
INMATE'S REQUEST FORM

you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 11/5/97 Inmate's Name: Ross Lawson
(Alias, if used)
Request #: FL97-9905 Location: 6/A/3 DOB: 3/07/2

To: (Informal Grievance) Superintendent

Program Specialist ☐
Classification ☐

Mailroom ☐
Food Service ☐

Commissary ☐
Other ☒

Nature of Request: The Rule for me on getting books straight
from the publisher is unconstitutional and must be fixed
Change it and/or allow me to get them at my
cost straight from the publisher

Ross Lawson
Inmate's Signature

Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE REQUEST BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
ACTION TAKEN/RESPONSE

Denied

Completed By: Watkins CCN: Date: 11/97 Time:

All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information

☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Review.

ROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE GRIEVANCE FORM

TO BE COMPLETED BY INMATE

Ross Lawson
Inmate's Name FL97-9005 6/13 BCMJ 11/20/97
Arrest# Cell Facility Date

PART A - INMATE'S GRIEVANCE

This is to appeal my informal Grievance attached. Please
put in writing why I am being denied and how you feel
this is constitutional for me to be denied!
Thank you!

Ross Lawson
Inmate's Signature 11/20/97
Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM.
RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.

TO BE COMPLETED BY THE OFFICE OF INFORMATION AND REVIEW
PART B - RESPONSE

Reviewing Deputy's Signature/CCN

Date

Supervisor's Signature/CCN

Date

TO BE COMPLETED IF INMATE WANTS TO APPEAL RESPONSE.

I _____, wish to appeal the response.

Inmate's Signature

Date Signed

WHEN COMPLETED, KEEP THE TOP OF THE FORM.
RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.

DIRECTOR'S RESPONSE TO APPEAL

Director's Signature

Date

BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 11/17/98 Inmate's Name: Ross Lawson
 (Alias, if used)
 Arrest #: FL97-9905 Location: 7/B/2 DOB: 3/10/72

To: Chaplin

Program Specialist	<input type="checkbox"/>	Mailroom	<input type="checkbox"/>	Commissary	<input type="checkbox"/>
Classification	<input type="checkbox"/>	Food Service	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>

Nature of Request: This is on the subject of me wanting to get religious books, and other religious material, sent to me by the publisher, at my own cost of course. Please help me in this matter, so as I may help myself to change. And grow closer to the person I want to be. Thank you for your time in this matter! G-D BLESS

Ross Lawson
 Inmate's Signature

11/17/98
 Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE REQUEST BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
 ACTION TAKEN/RESPONSE

Completed By: _____ CCN: _____ Date: _____ Time: _____

All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information

☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Review.

BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 11/17/98 Inmate's Name: Ross Lawson
 (Alias, if used)
 Arrest #: FL97-9905 Location: 7/B/2 DOB: 3/10/72

02-7-B-2-1

To: Chaplin

Program Specialist	<input type="checkbox"/>	Mailroom	<input type="checkbox"/>	Commissary	<input type="checkbox"/>
Classification	<input type="checkbox"/>	Food Service	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>

Nature of Request: This is on the subject of me wanting to get religious books, and other religious material, sent to me by the publisher, at my own cost of course. Please help me in this matter, so as I may help myself to change. And grow closer to the person I want to be. Thank you for your time in this matter! G-D BLESS

Ross Lawson
 Inmate's Signature

11/17/98
 Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE REQUEST BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
 ACTION TAKEN/RESPONSE

This acceptance of mail of any kind is a full procedure
He do not have the authority to change a procedure.

Completed By: Chaplain's Office CCN: _____ Date: 11-18-98 Time: _____

All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information

☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Review.

**BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE'S REQUEST FORM**

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 11/17/98 Inmate's Name: Ross Lawson
(Alias, if used)
Arrest #: FL97-9905 Location: 7/B/2 DOB: 3/

To: Superintendent Hitchcock

Program Specialist ☐ Mailroom ☐ Commissary
Classification ☐ Food Service ☐ Other

Nature of Request: This is on the subject of me wanting to get school books, reading books, religious books, and more, sent to me by the publisher. At my own cost of course. Please help me in this matter, and approve this as I may start to change my life for the better.
Thank you for your time in this matter!

Ross Lawson 11/17/98
Inmate's Signature Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE RECEPTION BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
ACTION TAKEN/RESPONSE

Completed By: _____ OCN _____ Date: _____ Time: _____

All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information

☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Records

BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 11/17/98 Inmate's Name: Ross Lawson
 (Alias, if used)
 Arrest #: FL97-9905 Location: 7/B/2 DOB: 3/10/72

To: Superintendent Hitchcock

Program Specialist ☐ Mailroom ☐ Commissary ☐
 Classification ☐ Food Service ☐ Other ☐

Nature of Request: This is on the subject of me wanting to get school books, reading books,
religious books, and more, sent to me by the publisher. At my own cost of course. Please
help me in this matter, and approve this as I may start to change my life for the better.
Thank you for your time in this matter!

Ross Lawson
 Inmate's Signature

11/17/98
 Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE REQUEST BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
 ACTION TAKEN/RESPONSE

Books, magazines & newspapers
are not permitted by this facility.

Completed By: [Signature] Date: 11-17 Time: _____

All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information

☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Review.

DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 11/20/98 Inmate's Name: Ross Lawson
(Alias, if used)

Arrest #: FL97-9905 Location: 7/B/2 DOB: 3/10/7

To: Mail Room

Program Specialist	<input type="checkbox"/>	Mailroom	<input checked="" type="checkbox"/>	Commissary	<input type="checkbox"/>
Classification	<input type="checkbox"/>	Food Service	<input type="checkbox"/>	Other	<input type="checkbox"/>

Nature of Request: This is on the matter of reading and religious material. I would like
to know the proper procedure I must follow to allow me to get reading and religious
material from the publisher, at my cost of course. Or any other way possible for
me to get this literature. Thank you for your time in this matter!

Inmate's Signature _____ Date Signed 11/20/98

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE REQUEST BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
ACTION TAKEN/RESPONSE

Completed By: _____ OCN _____ Date: _____ Time: _____

All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information ☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Review.

**BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE'S REQUEST FORM**

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 11/17/98 Inmate's Name: Ross Lawson
(Alias, if used)

Arrest #: FL97-9905 Location: 7/B/2 DOB: 3/

To: Superintendent Hitchcock

Program Specialist ☐
Classification ☐

Mailroom ☐
Food Service ☐

Commissary ☐
Other ☐

Nature of Request: This is on the subject of me wanting to get school books, reading books,
religious books, and more, sent to me by the publisher. At my own cost of course. Please
help me in this matter, and approve this as I may start to change my life for the better.
Thank you for your time in this matter!

Ross Lawson
Inmate's Signature

11/17/98
Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE RECEPTION BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
ACTION TAKEN/RESPONSE

Your request has been forwarded
to Commissary and properly

Completed By: [Signature] CCN Date: 11/18/98 Time:

All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information

☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Records

BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 11/20/98 Inmate's Name: Ross Lawson
 (Alias, if used)

Arrest #: FL97-9905 Location: 7/B/2 DOB: 3/10/72

To: Chaplin

Program Specialist	<input type="checkbox"/>	Mailroom	<input type="checkbox"/>	Commissary	<input type="checkbox"/>
Classification	<input type="checkbox"/>	Food Service	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>

Nature of Request: This is on the matter of receiving religious material straight from the publisher at my cost. Am I to understand that this is being denied to all inmates in the broward county jail, or just me! And I would like a copy sent to me of this rule. Please assist me in this matter, and at least help me to get a copy of the jails rule on this matter. Thank you for your time in this matter! G-D BLESS

Inmate's Signature _____ Date Signed 11/20/98

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE REQUEST BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
 ACTION TAKEN/RESPONSE

Completed By: _____ CCN _____ Date: _____ Time: _____

All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information ☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Review.

**BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE'S REQUEST FORM**

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 11/20/98 Inmate's Name: Ross Lawson
(Alias, if used)
Arrest #: FL97-9905 Location: 7/B/2 DOB: 3/10/72
To: Mail Room

Program Specialist ☐ Mailroom ☒ Commissary ☐
Classification ☐ Food Service ☐ Other ☐

Nature of Request: This is on the matter of reading and religious material. I would like
to know the proper procedure I must follow to allow me to get reading and religious
material from the publisher, at my cost of course. Or any other way possible for
me to get this literature. Thank you for your time in this matter!

Ross Lawson 11/20/98
Inmate's Signature Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE REQUEST BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
ACTION TAKEN/RESPONSE

Book, magazines + newspapers
are unauthorized - Prisoner
has reading material.

Completed By: [Signature] CON 5741 Date: 11-23 Time: _____

All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information ☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Review.

DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 11/20/98 Inmate's Name: Ross Lawson
(Alias, if used)

Arrest #: FL97-9905 Location: 7/B/2 DOB: 3/10/72

To: Chaplin

02-7-B-2-1

Program Specialist ☐ Mailroom ☐ Commissary ☐
Classification ☐ Food Service ☐ Other ☐

Nature of Request: This is on the matter of receiving religious material straight from the publisher at my cost. Am I to understand that this is being denied to all inmates in the broward county jail, or just me! And I would like a copy sent to me of this rule. Please assist me in this matter, and at least help me to get a copy of the jails rule on this matter. Thank you for your time in this matter! G-D BLESS

Ross Lawson
Inmate's Signature

11/20/98
Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE REQUEST BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
ACTION TAKEN/RESPONSE

Since you are requesting a jail procedure, we are forwarding your request to the Superintendent

11-23-98 Chaplain's Office

Completed By: _____ CCN: _____ Date: _____ Time: _____


All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information

☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Review.

**I N T E R O F F I C E
M E M O R A N D U M**

to: Inmate Ross Lawson #F197-9905 cell 7-B-2
from: William Hitchcock, Superintendent 
Main Jail Southern Operations / Department of Detention
subject: Inmate Publications - reference your request dated 11/20/1998
date: 11-23-1998

Attached Please find the revision of SOP 5.4.1 which governs inmate mail and Publications as signed by Director S. McCampbell on August 23, 1996.

These SOP's are available to you in the inmate Law Library.

cc- file

INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 11/20/98 Inmate's Name: Ross Lawson
(Alias, if used)

Arrest #: FL97-9905 Location: 7/B/2 DOB: 3/10/72

To: Chaplin

02-7-B-2-1

Program Specialist	<input type="checkbox"/>	Mailroom	<input type="checkbox"/>	Commissary	<input type="checkbox"/>
Classification	<input type="checkbox"/>	Food Service	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>

Nature of Request: This is on the matter of receiving religious material straight from the publisher at my cost. Am I to understand that this is being denied to all inmates in the broward county jail, or just me! And I would like a copy sent to me of this rule. Please assist me in this matter, and at least help me to get a copy of the jails rule on this matter. Thank you for your time in this matter! G-D BLESS

Ross Lawson 11/20/98
Inmate's Signature Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE REQUEST BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
ACTION TAKEN/RESPONSE

Since you are requesting a jail procedure, we are forwarding your request to the Superintendent
11-23-98 Chaplain's Office

Completed By: _____ COIN _____ Date: _____ Time: _____

All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information

☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Review.

RON COCHRAN
SHERIFF
BROWARD COUNTY
P.O. BOX 9507
FORT LAUDERDALE, FLORIDA 33310

SPECIAL ORDER 96-33

Date: August 23, 1996

To: ALL PERSONNEL
DEPARTMENT OF CORRECTIONS AND REHABILITATION

From: Susan W. McCampbell, Director
Department of Corrections and Rehabilitation

Subject: REVISES SECTION J. OF STANDARD OPERATIONAL POLICY 5.4.1
ENTITLED, "INMATE MAIL, ACCESS TO PUBLICATIONS AND INSPECTION
OF LETTERS AND PACKAGES"

The following changes will become effective, October 1, 1996.

J. Publications/ Printed Material:

1. As of October 1, 1996, books and magazines for inmates will no longer be accepted through the mail.
2. A variety of outside publications for inmates will be ordered by each facility and made available to inmates through the Inmate Leisure Library.
3. Each inmate may retain a total of four (4) articles of reading materials in their cell; e.g., two (2) magazines and two (2) books. Note: Dictionary and Bible are not included in this total.
4. Any excess books and magazines in the Property Unit or in the possession of inmates can be vouchered out or shipped (if Commissary funds are available).
5. After October 1, 1996, any excess books or magazines found in-cell or remaining in the Property Unit will be considered contraband and donated to the Inmate Leisure Library if suitable.
6. Storage of books and magazines by the Property Unit will be governed by the existing storage restrictions. (Refer to S.O.P. 4.1.5 Retention of Inmate Property)
7. Inmates will not be permitted to accumulate printed material to such a degree as to pose a fire hazard in their housing area.

The rest of the Standard Operational Policy remains the same.

BROWARD SHERIFF'S OFFICE (
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 11/25/98 Inmate's Name: Ross Lawson
 (Alias, if used)
 Arrest #: FL97-9905 Location: 7/B/2 DOB: 3/10/72

To: Superintendent Hitchcock

Program Specialist	<input type="checkbox"/>	Mailroom	<input type="checkbox"/>	Commissary	<input type="checkbox"/>
Classification	<input type="checkbox"/>	Food Service	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>

Nature of Request: This is on the matter of mail being sent to me by the publisher. The religious material I need is not provided to me by the jail. I am JEWISH and must be allowed to have the publisher send me the material I need at my cost of course. The magazines and material that the jail orders for inmates is not on the subjects I find to be of the quality I choose to read or study on. Plus I would very much like to take several school courses through the mail but are unable to if I can not receive the courses per jail rules. Please help me in this matter.

Ross Lawson 11/25/98
 Inmate's Signature Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE REQUEST BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
 ACTION TAKEN/RESPONSE

Completed By: _____ COV _____ Date: _____ Time: _____

All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information ☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Review.

**BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE GRIEVANCE FORM**

TO BE COMPLETED BY INMATE

Ross Lawson FL97-9805 7/13 BCMJ 9/3/99
Inmate's Name Arrest# Cell Facility Date

PART A - INMATE'S GRIEVANCE

I would like to have a correspondence course sent at my cost to me, plus books to read so I can improve myself for the better while I await trial. Please approve this it should be a constitutional right for the publisher to send this to me. Thank you for your time!

Ross Lawson 9/3/99
Inmate's Signature Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM.

RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.

TO BE COMPLETED BY THE OFFICE OF INFORMATION AND REVIEW
PART B - RESPONSE

Reviewing Deputy's Signature/CCN Date

Supervisor's Signature/CCN Date

TO BE COMPLETED IF INMATE WANTS TO APPEAL RESPONSE.

I _____, wish to appeal the response.

Inmate's Signature Date Signed

WHEN COMPLETED, KEEP THE TOP OF THE FORM.

RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.

DIRECTOR'S RESPONSE TO APPEAL

Director's Signature Date

**BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE GRIEVANCE FORM**

TO BE COMPLETED BY INMATE

SEP 07 1999

Ross Lawson FL97-9825 7/13 BCMJ 9/3/99
Inmate's Name Arrest# Cell Facility Date

PART A - INMATE'S GRIEVANCE

I would like to have a correspondence course sent at my cost to me. Plus books to read so I can improve myself for the better while I await trial. Please approve this it should be a constitutional right for the publisher to send this to me. Thank you for your time!

Ross Lawson 9/3/99
Inmate's Signature Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM.

RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.

TO BE COMPLETED BY THE OFFICE OF INFORMATION AND REVIEW
PART B - RESPONSE

Put this on a Request Form to the mail Room.

[Signature] 6/6/
Reviewing Deputy's Signature/CCN Date

Supervisor's Signature/CCN Date

TO BE COMPLETED IF INMATE WANTS TO APPEAL RESPONSE.

I _____, wish to appeal the response.

Inmate's Signature Date Signed

WHEN COMPLETED, KEEP THE TOP OF THE FORM.

RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.

DIRECTOR'S RESPONSE TO APPEAL

Director's Signature Date

BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 9/9/99 Inmate's Name: Ross Lawson
(Alias, if used)
Arrest #: FL97-9905 Location: 7/C/3 DOB: 3/10/72

To:

Program Specialist ☐
Classification ☐

Mailroom ☒
Food Service ☐

Commissary ☐
Other ☐

Nature of Request: I would like to have a correspondence course sent to me
at my cost. Plus books to read so I can improve myself for
the better while I await trial. Plus some legal books so
I can learn about the law all sort cover. These will be sent
to me by the publisher straight to me. Please approve for all or
just some. I will pay you need not. Thanks

Inmate's Signature Ross Lawson

Date Signed 9/9/99

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE REQUEST BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
ACTION TAKEN/RESPONSE

Completed By: _____ CCN: _____ Date: _____ Time: _____

All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information

☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Review.

(J. ROWARD SHERIFF'S OFFICE (
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE GRIEVANCE FORM

TO BE COMPLETED BY INMATE

Ross Lawson FL97-9905 7/18/2 BCMJ 10/8/99
 Inmate's Name Arrest# Cell Facility Date

PART A - INMATE'S GRIEVANCE

I have been complaining of reading material since I've been in this BCMJ late 97. I have had articles and books sent to me by the publisher, none have been accepted, all have been sent back. There are no programs for me at this jail. The books in our cells or the ones brought there are of no interest to me. I have requested this many times to no avail, so I am grieving it. Please allow me to have books sent and/or magazines from the publisher, and/or correspondence courses as well!

Ross Lawson 10/8/99
 Inmate's Signature Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM.

RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.

TO BE COMPLETED BY THE OFFICE OF INFORMATION AND REVIEW
PART B - RESPONSE

 Reviewing Deputy's Signature/CCN

 Date

 Supervisor's Signature/CCN

 Date

TO BE COMPLETED IF INMATE WANTS TO APPEAL RESPONSE.

I _____, wish to appeal the response.

 Inmate's Signature

 Date Signed

WHEN COMPLETED, KEEP THE TOP OF THE FORM.

RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.

DIRECTOR'S RESPONSE TO APPEAL

 Director's Signature

 Date

HOWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE GRIEVANCE FORM

TO BE COMPLETED BY INMATE

Ross Lawson FL97-9905 7/13/92 BCM J 10/8/99
Inmate's Name Arrest# Cell Facility Date

PART A - INMATE'S GRIEVANCE

I have been complaining of reading material since I've been in this BCM Jail late 97. I have had articles and books sent to me by the publisher, none have been accepted, all have been sent back. There are no programs for me at this jail. The books in our cells or the ones brought there are of no interest to me. I have requested this many times to no avail, so I am grieving it. Please allow me to have books sent and/or magazines from the publisher, and/or correspondence courses as well!

Ross Lawson 10/8/99
Inmate's Signature Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM.

RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.

TO BE COMPLETED BY THE OFFICE OF INFORMATION AND REVIEW
PART B - RESPONSE

See attached

Reviewing Deputy's Signature/CCN

Date

Supervisor's Signature/CCN

Date

TO BE COMPLETED IF INMATE WANTS TO APPEAL RESPONSE.

I Ross Lawson, wish to appeal the response.

Ross Lawson attached was the Inmate Handbook 10/12/99
Inmate's Signature Date Signed

WHEN COMPLETED, KEEP THE TOP OF THE FORM.

RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.

DIRECTOR'S RESPONSE TO APPEAL

Director's Signature
BSO DJ#51 (Revised 4/93)

Date

INTRODUCTION: You are being held in one of the facilities of the Broward County Sheriff's Office, Department of Corrections and Rehabilitation. Our staff is responsible for your care and safety during the time you are in jail. To assist the staff and yourself, please read this **Inmate Handbook** and follow the rules and regulations. By reading the Handbook you will understand what you can expect, and what is expected of you. All your rights and responsibilities are explained in the Handbook.

This Handbook **must remain** in your possession during the time you are in jail. If you do not understand the information in this Handbook, ask our staff for help. Your safety depends on you following all the rules and obeying the staff.

This Handbook also has information about programs and services available to you while in jail. If you have any questions about medical issues, attending any of the programs, subsistence fees, or charges/issues that brought you to jail, ask your Housing Deputy, or Correctional Counselor.

GENERAL INFORMATION : When you were booked into this Facility, an arrest number was assigned to you. This number will identify you for as long as you are in jail. It is your responsibility to learn your arrest number. It will help us and you identify and locate your personal property and any charges/issues that are of importance to you.

You will remain in one of our facilities until you post bond, your case is disposed of by the judge, or your sentence is completed.

Misdemeanor and traffic cases are heard in County Court, felony cases are heard in Circuit Court, and if you are here on a civil hold, that case will be heard by a Civil Court Judge.

If you are sentenced to serve one year or less, you will serve your sentence in one of our jail facilities. If your sentence is more than one year, you will be transferred to the State Department of Corrections.

MAIL: Incoming mail must **have your** name under which you were arrested, arrest number, housing location and the address of the facility in which you are housed. The addresses of each Facility are listed below. All mail (**except legal mail**) will be opened and inspected for contraband before it is delivered to you. Legal mail will not be opened until you are present. Mail containing obscene pictures/material **will be** returned to the sender. Books and magazines are **not accepted through the mail.** They are available through the Leisure Library. Each inmate may retain a total of four (4) articles of reading material in their cell. (Dictionary, religious text approved by the Chaplain and other prior approved program books are not included in this total.) Court clothes and specific items such as eye glasses, hearing aides, etc, may be accepted by mail if prior approval is obtained through the **Property Unit**. Mail to be sent out is to be addressed on a stamped envelope. Mail cannot be sent to another correctional facility.

The locations and mailing addresses of our corrections facilities are listed below.

ACTUAL LOCATION:

Main Jail Bureau
555 SE 1st Ave.
Ft. Lauderdale, Florida 33301

Division of Community Corrections
5400 NW 9th Ave
Fort Lauderdale, Florida 33309

North Broward Bureau
1550 North Blount Road
Pompano Beach Florida 33069

MAILING ADDRESS:

Main Jail Bureau
P.O. Box 9356
Fort Lauderdale, Florida 33310

Division of Community Corrections
P.O. Box 407065
Ft. Lauderdale, FL 33340

North Broward Bureau
P.O. Box 407037
Ft. Lauderdale, Florida 33340

SCHOOL PROGRAMS: School teachers are available to most housing areas/units for inmates who desire to work on their A.B.A. or G.E.D. If you wish to be tested and/or attend classes, fill out an **Inmate Request Form** and forward it to the school teachers office requesting these programs. To be placed into a school housing area/unit, you will be required to follow additional rules that do not apply to inmates in general population. The School Program also offers Art/Computer and Life Skills classes to those inmates that qualify. Use the **Inmate Request Form** and forward it to the school teachers office to ask to be included in one of these special classes.

LAW LIBRARY: The Law Library is available for your use as shown on the schedule posted in your housing area/unit. Space is limited in the law library, so only go there if you need to do legal research, typing or copying. Recreational items such as radio's, cards, or leisure books are not allowed in the law library. Sign up on the day that the law library is scheduled. Material in the Law Library can be copied, but all copied material must remain in the Law Library.

READING LIBRARY: A reading library containing general reading material is available to all inmates by way of a cart of books brought to your housing area/unit on a regular basis.

☆☆

DIRECTORY OF SERVICES AVAILABLE UPON RELEASE:

Shelter:

Covenant House

Emergency/temporary shelter & crisis intervention for people under 21, with or without infants;
24-hour intake. 561-5559
733 Breakers Avenue, Fort Lauderdale 561-5559

Faith Farm

Live-in alcohol/drug rehabilitation and work program for men over 17 years of age; 24-hour intake,
minimum 90-day program
1980 NW 9th Avenue, Fort Lauderdale 763-7787

The Lippman Family Center

Emergency/temporary shelter for youth under 18 years of age; 24-hour intake.
221 NW 43 Court, Oakland Park 568-2801

Salvation Army

Emergency/temporary shelter for men, women, families
1445 West Broward Boulevard 463-4572

Women in Distress

Emergency shelter for women and children; 24-hour intake 761-1133

Substance Abuse Services :

Alcoholics Anonymous 462-0265

12 Step Club House/12 Pasos Club
205 SW 23rd Street, Fort Lauderdale 523-4984
101 CLUB

720 SW 10th Street, Pompano Beach 941-9896

Broward County Alcohol & Drug Abuse

24-hour intake for inpatient/outpatient alcohol/drug abuse treatment/counseling
1011 SW 2nd Court, Fort Lauderdale 765-4200

Crisis Line (24 hours) 467-6333

Narcotics Anonymous 476-9297

Nar-Anon Help Line 584-6578

Substance Abuse Hotline 467-6333

BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 10/13/99 Inmate's Name: Ross Lawson
(Alias, if used)
Arrest #: FL97-9905 Location: 7/B/2 DOB: 3/10/72

To: Library Coordinator

Program Specialist ☐
Classification ☐

Mailroom ☐
Food Service ☐

Commissary ☐
Other ☒

Nature of Request: According to 5.5.1 (Comprehensive library services) (5) I
must request on this form to have magazines, Books, or periodicals sent
to me that are unavailable in the inmate (Leisure Library). I am requesting
to have approval at my cost or yours to have these brought on
sent in to me (publisher) or other from an outside source. Please
approve so I may have books, magazines, ect. soon of my choice!

Ross Lawson
Inmate's Signature Date Signed 10/13/99

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE REQUEST BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
ACTION TAKEN/RESPONSE

Completed By: _____ CCN: _____ Date: _____ Time: _____

All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information

☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Review.

BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

TO BE COMPLETED BY INMATE

Date of Request: 10/13/99 Inmate's Name: Ross Lawson
(Alias, if used)
Arrest #: FL97-9905 Location: 7/B/2 8C-24 DOB: 3/10/72

To: Library Coordinator

Program Specialist ☐
Classification ☐

Mailroom ☐
Food Service ☐

Commissary ☐
Other ☒

Nature of Request: According to 5.5.1 (Comprehensive library services) (5) I must request on this form to have magazines, Books, or periodicals sent to me that are unavailable in the inmate (Leisure Library). I am requesting to have approval at my cost or yours to have these brought or sent in to me (publisher) or other from an outside source. Please approve so I may have books, magazines, ect ect. soon of my choice!

Ross Lawson
Inmate's Signature

10/13/99
Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE INMATE REQUEST BOX LOCATED IN EACH POD.

DO NOT WRITE BELOW THIS LINE:
ACTION TAKEN/RESPONSE

This rule is no longer valid. No books, magazines, or periodicals, of any kind. The only reading material allowed, must be found on the inmate library cart. (See inmate handbook.)

Completed By: Johnson CCN _____ Date: 11-8-99 Time: _____

All requests will be handled by the responding deputy in one of the following ways:

☐ Written Information

☐ Personal Interview

All grievances will be responded to, in writing, by the Office of Information and Review.

ST. JEROME SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE GRIEVANCE FORM

Violation of Mi. Constitutional Rights

TO BE COMPLETED BY INMATE

Ross Lawson FL97-9905 7/3/2 B/MJ 10/29/99
Inmate's Name Arrest# Cell Facility Date

PART A - INMATE'S GRIEVANCE

On 10/29/99 I received a (Reject Mail Notification) informing me of (UA Email).
Email is simply a letter typed from one computer to another
and can be copied on normal paper. This was a letter to a
friend of mine sent to me (violating my constitutional right
by not allowing me to have it and sending it back to sender)
Why is this being done, correct this problem ASAP and explain.
Ross Lawson 10/29/99
Inmate's Signature Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM.

RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.

TO BE COMPLETED BY THE OFFICE OF INFORMATION AND REVIEW
PART B - RESPONSE

Reviewing Deputy's Signature/CCN

Date

Supervisor's Signature/CCN

Date

TO BE COMPLETED IF INMATE WANTS TO APPEAL RESPONSE.

I _____, wish to appeal the response.

Inmate's Signature

Date Signed

WHEN COMPLETED, KEEP THE TOP OF THE FORM.

RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.

DIRECTOR'S RESPONSE TO APPEAL

Director's Signature

Date

**BROWARD SHERIFF'S OFFICE
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE GRIEVANCE FORM**

TO BE COMPLETED BY INMATE

Ross Lawson FL97-5905 702 BCMS 12/15/98
Inmate's Name Arrest# Cell Facility Date

PART A - INMATE'S GRIEVANCE

attached was never answered why. Please answer
it was written 11/25/98 why have I gotten to response.

Ross Lawson 12/15/98
Inmate's Signature Date Signed

WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM.

RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.

**TO BE COMPLETED BY THE OFFICE OF INFORMATION AND REVIEW
PART B - RESPONSE**

Reviewing Deputy's Signature/CCN Date

Supervisor's Signature/CCN Date

TO BE COMPLETED IF INMATE WANTS TO APPEAL RESPONSE.

I _____, wish to appeal the response.

Inmate's Signature Date Signed

WHEN COMPLETED, KEEP THE TOP OF THE FORM.

RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.

DIRECTOR'S RESPONSE TO APPEAL

Director's Signature Date